

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Renal Physicians Association Political Action Committee (RPA PAC)

ADDRESS (number and street)

1700 Rockville Pike

Suite 220

☐ Check if different  
than previously  
reported. (ACC)

Rockville

MD

20852

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00409391

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☒ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Holly Owens

Signature of Treasurer

Electronically Filed by Holly Owens

Date

07

27

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Renal Physicians Association Political Action Committee (RPA PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		47750.07
(b) Cash on Hand at Beginning of Reporting Period .....	47750.07	
(c) Total Receipts (from Line 19) .....	39625.00	39625.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	87375.07	87375.07
7. Total Disbursements (from Line 31) .....	12000.00	12000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	75375.07	75375.07
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Renal Physicians Association Political Action Committee (RPA PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	38200.00	38200.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1425.00	1425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	39625.00	39625.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	39625.00	39625.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	39625.00	39625.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39625.00	39625.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		12000.00	12000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		12000.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		12000.00	12000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	39625.00	39625.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39625.00	39625.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

**A.** Dr. Chester Amedia

Mailing Address 116 Newport Drive

City State Zip Code

Boardman OH 44512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US Renal

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.4746

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Farida Baig

Mailing Address 39328 Magnolia Trace

City State Zip Code

Ponchatoula LA 70454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nephrology Associates

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.4751

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Sidney Baskin

Mailing Address 28425 W. Eight Mile Road

City State Zip Code

Livonia MI 48152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Botsford Kidney Center

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.4705

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

3550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

**A.** Full Name (Last, First, Middle Initial)

Rep. Joseph Beals

Mailing Address 45 Renaud Rd.

City State Zip Code  
 Grosse Point Shore MI 48236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Clair Specialty Physi-  
cians

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4732

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Dr. Kline Bolton

Mailing Address 2711 Cardinal Ridge Road

City State Zip Code  
 Charlottesville VA 22901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Virginia

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4735

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)

Dr. Eileen Brewer

Mailing Address NC 3-2482

City State Zip Code  
 Houston TX 77030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Texas Childrens Hospital

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.4769

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Laurence Carroll		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 2112 Harrisburg Pike		
City	State	Zip Code
Lancaster	PA	17604
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4711
Name of Employer Hypertension and Kidney Specialia		Amount of Each Receipt this Period 300.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Helen Chang-DeGuzman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 11 Wyndom Court		
City	State	Zip Code
Hockessin	DE	19707
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4650
Name of Employer Nephrology Associates, PA		Amount of Each Receipt this Period 250.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Chaim Charytan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 56-45 Main Street		
City	State	Zip Code
Flushing	NY	11355
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4795
Name of Employer Nephrology Associates		Amount of Each Receipt this Period 500.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Ping-Hsin Chen Mailing Address 6125 Rippling Water Walk City State Zip Code Clarksville MD 21029 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4691 Amount of Each Receipt this Period 300.00
Name of Employer Mid-Atlantic Nephrology Assoc. Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Susan Ciampaglia Mailing Address 500 Speedwell Forge Road City State Zip Code Lititz PA 17543 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4719 Amount of Each Receipt this Period 300.00
Name of Employer Hypertension & Kidney Special Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey Cicone Mailing Address 26 S. Perch Creek Dr City State Zip Code Newark DE 19702 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4656 Amount of Each Receipt this Period 250.00
Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional) .....**850.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David Doane Mailing Address 1420 Viceroy Drive City State Zip Code Dallas TX 75235 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dallas Nephrology Associates Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4694 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rep. Stephen Fadem Mailing Address 813 Saddlewood City State Zip Code Houston TX 77024 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kidney Associates Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4752 Amount of Each Receipt this Period 1500.00
<b>C.</b> Full Name (Last, First, Middle Initial) A Gertrude Findley-Christian Mailing Address 9 Pennwood Drive City State Zip Code Dover DE 19901 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4654 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Lisa Flynn		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 17521 Maumee		
City	State	Zip Code
Grosse Point	MI	48230
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4703
Name of Employer St. Clair Specialty Physi- cians		Amount of Each Receipt this Period 300.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Martin Gavin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 4923 Ogletown-Stanton Rd.		
City	State	Zip Code
Newark	DE	19713
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4648
Name of Employer Nephrology Associates, PA		Amount of Each Receipt this Period 250.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Stephanie Gilbert		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 77 Wicklow Road		
City	State	Zip Code
Brennan Estates	DE	19701
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4628
Name of Employer Nephrology Associates, PA		Amount of Each Receipt this Period 250.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Mary Goodinich Mailing Address 8900 Emmett Lowry City State Zip Code Texas City TX 77591 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Assoc. of Galveston Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4696 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. James Groff Mailing Address 2112 Harrisonburg Pike City State Zip Code Lancaster PA 17538 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hypertension & Kidney Special Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4717 Amount of Each Receipt this Period 300.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. William Haley Mailing Address 4500 San Pablo Raod City State Zip Code Jacksonville FL 32224 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mayo Clinic Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4747 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

**A.** Dr. Richard Handler

Mailing Address 3643 2nd Place Southwest

City State Zip Code  
Vero Beach FL 32968

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Private Practice

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.4693

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Richard Handler

Mailing Address 3643 2nd Place Southwest

City State Zip Code  
Vero Beach FL 32968

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Private Practice

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.4740

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Drew Harrison

Mailing Address 50 South 18th Street

City State Zip Code  
Easton PA 18042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nephrology-Hypertention  
Assoc.

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.4689

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Arzu Hatipoglu		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 4424 Conlin Street		
City	State	Zip Code
Metairie	LA	70006
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4772
Name of Employer Nephrology Associates		Amount of Each Receipt this Period 500.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Mustafa Hatipoglu		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 144 Chateau Saint Michael		
City	State	Zip Code
Kenner	LA	70065
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4757
Name of Employer Self		Amount of Each Receipt this Period 500.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Robert Jansen		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 55 Whitcher Street		
City	State	Zip Code
Marietta	GA	30060
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4753
Name of Employer Georgia Kidney Assoc.		Amount of Each Receipt this Period 1200.00
Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

**A.** Dr. Edward Jones

Mailing Address 1 Penn Blvd  
2nd Floor, Suite 2240

City State Zip Code  
Philadelphia PA 19144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Delaware Valley Nephrology

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.4742

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Robert Kenney

Mailing Address 5950 Highland Road

City State Zip Code  
Baton Rouge LA 70808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Renal Associates of Baton  
Rouge

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.4793

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Alan Kliger

Mailing Address 61 Rock Hill Rd.

City State Zip Code  
Woodbridge CT 06525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospital of Saint Raphael

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4734

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

3300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Robert Kossmann Mailing Address 1650 Hospital Drive Suite 200 City State Zip Code Santa Fe NM 87505 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4737 Amount of Each Receipt this Period 1200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Joseph Kuhn Mailing Address 102 Haywood Drive City State Zip Code Wilmington DE 19807 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4644 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey Levine Mailing Address 2112 Harrisburg Pike City State Zip Code Lancaster PA 17604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hypertension & Kidney Speciali Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4709 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. James Lin Mailing Address 7142 San Pedro City San Antonio State TX Zip Code 78216 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer San Antonio Kidney Disease Ctr Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4701 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Jill Lindberg Mailing Address 1500 Marengo St. City New Orleans State LA Zip Code 70115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer New Orleans Nephrology Assoc. Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4797 Amount of Each Receipt this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Franklin Maddux Mailing Address 2080 Berry Hill Rd. City Danville State VA Zip Code 24531 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Danville Urologic Clinic Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4768 Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey Martin Mailing Address 112 Ridgefield Way City Lititz State PA Zip Code 17543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hypertension & Kidney Special Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4713 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	7	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		0	9		2	0	0	7																							
300.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. William McElhaugh Mailing Address One Penn Blvd Suite 2240 City Philadelphia State PA Zip Code 19144 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Delaware Valley Nephrology Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4707 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">900.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	7	900.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		0	3		2	0	0	7																							
900.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. William McGuffin Mailing Address 4760 Woodmere Blvd City Montgomery State AL Zip Code 36106 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Renal Assoc. of Montgomery Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4749 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	600.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	3		2	2		2	0	0	7																							
600.00																																

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

**A.** Suzanne Mecum

Mailing Address 1620 Scott Ave.

City	State	Zip Code
Charlotte	NC	28203

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Metrolina Nephrology Asso-  
c.Occupation  
Practice Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	7

Transaction ID: SA11A1.4762

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Robert MerrellMailing Address 500 S. Rancho  
Suite 12

City	State	Zip Code
Las Vegas	NV	89005

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Nephrology and Endocrin  
AssocOccupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	7

Transaction ID: SA11A1.4727

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Donna Michel

Mailing Address 519 Ashton Place

City	State	Zip Code
Lititz	PA	17543

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hypertension & Kidney Spe-  
cialOccupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	7

Transaction ID: SA11A1.4715

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Gerald Milan Mailing Address 1025 Quail Run City State Zip Code Wyoming DE 19934 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4640 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Tracey Moody Mailing Address 2201 E Main St City State Zip Code Richmond VA 23223 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mid-Atlantic Nephrology Kidney Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4778 Amount of Each Receipt this Period 300.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Paul Palevsky Mailing Address Renal Section (111F-U) University Drive City State Zip Code Pittsburgh PA 15240 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University of Pittsburgh Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4790 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Linda Pearson Mailing Address 8935 North Meridian St City Indianapolis State IN Zip Code 46260 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Indiana Nephrology & Internal Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4759 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) MD Mary Pieprzak Mailing Address 5999 Harper's Farm Road Suite W215 City Columbia State MD Zip Code 21044 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mid-Atlantic Nephrology Assoc. Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4698 Amount of Each Receipt this Period 300.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Polk Mailing Address 10 Tarragon Ct City Wilmington State DE Zip Code 19808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4638 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....**850.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

**A.** Dr. Robert Provenzano

Mailing Address 22201 Moross Rd.  
Suite 150

City State Zip Code  
 Detroit MI 48236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Clair Specialty Physi-  
cians

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.4756

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Donald Rademacher

Mailing Address 1900 16th Street

City State Zip Code  
 Greeley CO 80631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greely Clinic

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.4687

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Vijaykumar Rao

Mailing Address 210 South Des Plaines St.

City State Zip Code  
 Chicago IL 60661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associates in Nephrology

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.4725

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. David Raskin Mailing Address 333 W Hatcher Rod City State Zip Code Phoenix AZ 85021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Arizona Kidney Disease & Hyper Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4728 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Charles Rodenberger Mailing Address 504 Randolph Dirve City State Zip Code Lititz PA 17543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hypertension & Kidney Spe- cial Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4721 Amount of Each Receipt this Period 300.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Theodore Saad Mailing Address 2 Warwick Ct City State Zip Code Greenville DE 19807 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4642 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

A. Full Name (Last, First, Middle Initial)

Dr. Zona Saez

Mailing Address 4 Pond Dr.

City State Zip Code  
 Milford DE 19963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nephrology Associates, PA

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.4626

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Rebecca Schmidt

Mailing Address 4011 Cedar Ct.

City State Zip Code  
 Morgantown WV 26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Virginia University

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.4755

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)

Dr. Donald Schon

Mailing Address 4582 E. White Drive

City State Zip Code  
 Paradise Valley AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4733

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Shalini Sehgal Mailing Address 7 Sycamore Lane City Lewes State DE Zip Code 19958 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4652 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Lindsey Marie Slater Mailing Address 12 Lore Ave. Gordon Heights City Wilmington State DE Zip Code 19809 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4636 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. John Stivelman Mailing Address 5645 E. Mercer Way City Mercer Island State WA Zip Code 98040 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Northwest Kidney Center Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4761 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Prayus Tailor Mailing Address 238 Hockessin Circle City State Zip Code Hockessin DE 19707 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4646 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Joel Topf Mailing Address 12750 Vernon Ave. City State Zip Code Huntington Woods MI 48070 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. Clair Specialty Physi- cians Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4741 Amount of Each Receipt this Period 1200.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Sarah Torregiani Mailing Address 3824 Marsh Road City State Zip Code Garnet Valley PA 19061 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Occupation Nephrologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4630 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

A. Full Name (Last, First, Middle Initial)

Dr. Kant Tucker

Mailing Address PO Box 5379

City State Zip Code  
 Chatsworth CA 91313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kidney Center Inc

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.4743

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)

Dr. Luis Uribe

Mailing Address 5 Waverly Place

City State Zip Code  
 Metairie LA 70003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nephrology Associates

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.4799

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Ruben Velez

Mailing Address 6608 Glenhurst Drive

City State Zip Code  
 Dallas TX 75254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dallas Nephrology Associa-  
tes

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4704

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Marc Weiner Mailing Address 1267 Belle Meade Drive City State Zip Code Lancaster PA 17601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hypertension & Kidney Special Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Nephrologist Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4723 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Lucius Wright Mailing Address 1721 N. Highland, NE City State Zip Code Jackson TN 38301 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Jackson Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Nephrologist Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4745 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jean Ann Yaccino Mailing Address 18224 Seagrass Ct City State Zip Code Lewes DE 19958 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Nephrology Associates, PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Nephrologist Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.4634 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Abdolamir Zadeh			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 53 Chateau Palmer			<b>Transaction ID:</b> SA11A1.4771	
City State Zip Code Kenner LA 70065			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Miroslaw Zdunek			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 701 N. Clayton St			<b>Transaction ID:</b> SA11A1.4632	
City State Zip Code Wilmington DE 19805			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Nephrology Associates, PA		Occupation Nephrologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

38200.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

## **A. BAUCUS JOHNSON VICTORY FUND**

Mailing Address 607 14TH STREET NW SUITE 800

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
fundraiser

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.4680

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City  
Los Angeles

State  
CA

Zip Code  
90026

Purpose of Disbursement  
Fundraiser

Candidate Name  
BECERRA FOR CONGRESS

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.4661

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City  
CATONSVILLE

State  
MD

Zip Code  
21228

Purpose of Disbursement

Candidate Name  
BEN CARDIN FOR SENATE

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2001  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 03

Transaction ID: SB23.4667

Date of Disbursement

03 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

## **A. COMMITTEE TO RE-ELECT ED TOWNS**

Mailing Address 438 Lewis Avenue

City State Zip Code  
 Brooklyn NY 11233

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 10

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4820

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

1  
 Category/  
 Type

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF JIM MCDERMOTT**

Mailing Address 710 9TH STREET SE

City State Zip Code  
 WASHINGTON DC 20003

Purpose of Disbursement  
 fundraiser

Candidate Name  
 FRIENDS OF JIM MCDERMOTT

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 7

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4666

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

1  
 Category/  
 Type

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET

City State Zip Code  
 NEW HAVEN CT 06511

Purpose of Disbursement  
 fundraiser

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

1  
 Category/  
 Type

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

**A. HOYER FOR CONGRESS**

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement  
fundraiser

Candidate Name  
HOYER FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 05

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.4679**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B. KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE (KCP PA-C)**

Mailing Address 13948 MARBLESTONE DRIVE  
C/O SUSAN MURDOCK

City CLINTON State VA Zip Code 20124

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.4685**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
fundraiser

Candidate Name  
PALLONE FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 06

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.4673**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Renal Physicians Association Political Action Committee (RPA PAC)

Full Name (Last, First, Middle Initial)

## **A. RANGEL FOR CONGRESS**

Mailing Address PO Box 5577  
MANHATTANVILLE STA

City New York State NY Zip Code 10027

Purpose of Disbursement  
fundraiser

Candidate Name  
RANGEL FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 15

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4675

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. STABENOW FOR US SENATE**

Mailing Address PO BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
fundraiser

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MI District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4663

Date of Disbursement

03 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. VAN HOLLEN FOR CONGRESS**

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
fundraiser

Candidate Name  
VAN HOLLEN FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 08

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4670

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

12000.00